

Work Order ID 145687***145687***

Page 1

Friday, May 06, 2016 10:40:24 AM

Item ID: D5162-041 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: Seat Structure Assembly
Start Date: 5/4/2016 Start Qty: 1.00 ***1*** Cust Item ID:
Required Date: 5/11/2016 Req'd Qty: 1.00 ***1*** Customer:
Reference:

Approvals: Process Plan: W Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3016	(DEO) A1								
D3017	C								
D5162	A								
D5189	A								

105 Pick Kit 0.00

105

Packaging Memo 0.00

Packaging

1 Q 16-7-11110 Weld per dwg A/R 4130 rod Batch: 11127925 0.00***110***

Large Fab Memo 0.00

Large Fab

FABRICATE D5189-041 AS PER DWG AND BY USING DT8622.

DO NOT OPEN HOLES TO SIZE, IT WILL BE OPEN UPON FINAL ASSEMBLY.

ONLY WELD STUD D4667-041 TO TUBE. END CAP WILL BE WELDED AFTER OPENING HOLES IN TUBE.

1 Q 16-7-11

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____		DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐		AGAINST DEPARTMENT/PROCESS <table style="width:100%; border: none;"> <tr> <td style="border: none;">Skid-tube ☐</td> <td style="border: none;">Cross tube ☐</td> <td style="border: none;">Water Jet ☐</td> <td style="border: none;">Engineering ☐</td> </tr> <tr> <td style="border: none;">Machining ☐</td> <td style="border: none;">Small Fab ☐</td> <td style="border: none;">Prod. Eng. Coord. ☐</td> <td style="border: none;">Quality ☐</td> </tr> <tr> <td style="border: none;">Thermoforming ☐</td> <td style="border: none;">Finishing ☐</td> <td style="border: none;">Rec/Store/Packaging ☐</td> <td style="border: none;">Other ☐</td> </tr> <tr> <td style="border: none;">Large Fab ☐</td> <td style="border: none;">Composite ☐</td> <td style="border: none;">Supplier ☐</td> <td style="border: none;"></td> </tr> </table>						Skid-tube ☐	Cross tube ☐	Water Jet ☐	Engineering ☐	Machining ☐	Small Fab ☐	Prod. Eng. Coord. ☐	Quality ☐	Thermoforming ☐	Finishing ☐	Rec/Store/Packaging ☐	Other ☐	Large Fab ☐	Composite ☐	Supplier ☐	
Skid-tube ☐	Cross tube ☐	Water Jet ☐	Engineering ☐																						
Machining ☐	Small Fab ☐	Prod. Eng. Coord. ☐	Quality ☐																						
Thermoforming ☐	Finishing ☐	Rec/Store/Packaging ☐	Other ☐																						
Large Fab ☐	Composite ☐	Supplier ☐																							
Date :		Step #:		QTY Effective :			MRB (QSI042) Approval																		
Description Work Order Deviation				Disposition				Completed By																	
								Lead hand / Supervisor Approval Verification																	
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Root Cause		FAULT CATEGORY																							
Environment ☐ Design ☐ Doc/Data ☐ Equip/Tooling ☐ Handling/Pre ☐ Material ☐ Internal Transport ☐ Tribal Knowledge ☐ LOA ☐ Substation ☐ Past Expiry Date ☐ Misidentified ☐	No Re-verification ☐ Operator ☐ Offset/Setup ☐ Supplier ☐ Training ☐ Use for Testing ☐ Poor Information ☐ Rushing ☐ Product Improvement ☐ Process Improvement ☐ Manufacturing Process ☐ Past Due ☐	Pressure/Forced ☐ Bending ☐ Centre Not Concentric ☐ Cracks ☐ Crimp/Kink/Ripple/Wave ☐ Cuffs ☐ Crushing ☐ Heat Treat ☐ Wave/Twist in Tube ☐ Marks/Chatter ☐	Temperature/Cure ☐ Set-up ☐ BOM/Route ☐ Broken/Damage/Defect ☐ Inspection Incomplete/Unqualified ☐ Contamination ☐ Countersink ☐ Cut Too Short ☐ Instructions Incomplete/Unclear ☐ Drill Holes ☐	Power Loss/Surge ☐ Folio/Program ☐ Grain ☐ Weld ☐ Wrong Stock Pulled ☐ Out of Sequence ☐ Off-set ☐ Mislabeled ☐ Fit/Function ☐ Misaligned/off center ☐	Positioned Wrong ☐ Outside Dimensions ☐ Over/Under tolerance ☐ Part Incorrect ☐ Part Lost/Missing ☐ Part Moved ☐ Drawing ☐ Finish ☐ Misread ☐ Turning Sequence ☐			OTHER : _____																	

Work Order ID 145687

Friday, May 06, 2016 10:40:24 AM

145687

Page 2

Item ID: D5162-041

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Seat Structure Assembly

Start Date: 5/4/2016 Start Qty: 1.00

1

Cust Item ID:

Required Date: 5/11/2016 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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120

Weld per dwg A/R 4130 rod Batch: 4127725 0.00***120***

Large Fab

Memo

0.00

Large Fab

FABRICATE (2) D3016-041 AS PER DWG.

WELD ASSEMBLY USING DT8597 WELD JIG.

***DO NOT DRILL HOLES AS THEY WILL BE TRANSFER DRILL AT
FUTHER STEP.******DO NOT WELD GUSSETS AND BRACKET THEY WILL BE WELDED
AT A FUTHER STEP.***1 EL 16-7-1

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____		DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐		AGAINST DEPARTMENT/PROCESS Skid-tube ☐ Machining ☐ Thermoforming ☐ Large Fab ☐ Cross tube ☐ Small Fab ☐ Finishing ☐ Composite ☐ Water Jet ☐ Prod. Eng. Coord. ☐ Rec/Store/Packaging ☐ Supplier ☐ Engineering ☐ Quality ☐ Other ☐					
Date :		Step #:		QTY Effective :			MRB (QSI042) Approval 		
Description Work Order Deviation				Disposition					
								Completed By	
								Lead hand / Supervisor Approval Verification	
								QC / QA Coordinator Approval	

Root Cause				FAULT CATEGORY																																																											
Environment ☐	Design ☐	Doc/Data ☐	Equip/Tooling ☐	Handling/Pre ☐	Material ☐	Internal Transport ☐	Tribal Knowledge ☐	LOA ☐	Substation ☐	Past Expiry Date ☐	Misidentified ☐	No Re-verification ☐	Operator ☐	Offset/Setup ☐	Supplier ☐	Training ☐	Use for Testing ☐	Poor Information ☐	Rushing ☐	Product Improvement ☐	Process Improvement ☐	Manufacturing Process ☐	Past Due ☐	Pressure/Forced ☐	Bending ☐	Centre Not Concentric ☐	Cracks ☐	Crimp/Kink/Ripple/Wave ☐	Cuffs ☐	Crushing ☐	Heat Treat ☐	Wave/Twist in Tube ☐	Marks/Chatter ☐	Temperature/Cure ☐	Set-up ☐	BOM/Route ☐	Broken/Damage/Defect ☐	Inspection Incomplete/Unqualified ☐	Contamination ☐	Countersink ☐	Cut Too Short ☐	Instructions Incomplete/Unclear ☐	Drill Holes ☐	Power Loss/Surge ☐	Folio/Program ☐	Grain ☐	Weld ☐	Wrong Stock Pulled ☐	Out of Sequence ☐	Off-set ☐	Mislabeled ☐	Fit/Function ☐	Misaligned/off center ☐	Positioned Wrong ☐	Outside Dimensions ☐	Over/Under tolerance ☐	Part Incorrect ☐	Part Lost/Missing ☐	Part Moved ☐	Drawing ☐	Finish ☐	Misread ☐	Turning Sequence ☐
																								OTHER : _____																																							

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Required Date: 5/11/2016 Req'd Qty: 1.00

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Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Weld per dwg A/R 4130 rod Batch: <u>M127925</u>	0.00							
130									
Large Fab	Memo	0.00							
Large Fab	FABRICATE D3017-041 AS PER DWG:								
	USE DT8598 FOR BENDING D3017-1/-3 TUBE.								
	USE DT8621 FOR DRILLING (#30 DRILL) BACK FRAME. ***DO NOT OPEN HOLES IT WILL BE DONE AT FUTHER STEP***								
	USE DT8622 FOR DRILLING (#30 DRILL) D3017-5. ***DO NOT OPEN HOLES IT WILL BE DONE AT FUTHER STEP***								
	USE DT8598 JIG FOR WELDING TUBES, LUGS AND ONE END CAP, OTHER END CAP WILL BE WELDED AFTER OPENING HOLES.								
140	QC5- Inspect part completeness to step on W/O	0.00							
140									
QC	Memo	0.00							
Quality Control									

DAS
9
9-89

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

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Work Order: _____ Part No. _____ NCR No. _____		DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐		AGAINST DEPARTMENT/PROCESS Skid-tube ☐ Machining ☐ Thermoforming ☐ Large Fab ☐ Cross tube ☐ Small Fab ☐ Finishing ☐ Composite ☐ Water Jet ☐ Prod. Eng. Coord. ☐ Rec/Store/Packaging ☐ Supplier ☐ Engineering ☐ Quality ☐ Other ☐					
Date :		Step #:		QTY Effective :			MRB (QSI042) Approval		
Description Work Order Deviation				Disposition				Completed By Lead hand / Supervisor Approval Verification QC / QA Coordinator Approval	
Root Cause		FAULT CATEGORY							
Environment ☐ Design ☐ Doc/Data ☐ Equip/Tooling ☐ Handling/Pre ☐ Material ☐ Internal Transport ☐ Tribal Knowledge ☐ LOA ☐ Substation ☐ Past Expiry Date ☐ Misidentified ☐	No Re-verification ☐ Operator ☐ Offset/Setup ☐ Supplier ☐ Training ☐ Use for Testing ☐ Poor Information ☐ Rushing ☐ Product Improvement ☐ Process Improvement ☐ Manufacturing Process ☐ Past Due ☐	Pressure/Forced ☐ Bending ☐ Centre Not Concentric ☐ Cracks ☐ Crimp/Kink/Ripple/Wave ☐ Cuffs ☐ Crushing ☐ Heat Treat ☐ Wave/Twist in Tube ☐ Marks/Chatter ☐	Temperature/Cure ☐ Set-up ☐ BOM/Route ☐ Broken/Damage/Defect ☐ Inspection Incomplete/Unqualified ☐ Contamination ☐ Countersink ☐ Cut Too Short ☐ Instructions Incomplete/Unclear ☐ Drill Holes ☐	Power Loss/Surge ☐ Folio/Program ☐ Grain ☐ Weld ☐ Wrong Stock Pulled ☐ Out of Sequence ☐ Off-set ☐ Mislabeled ☐ Fit/Function ☐ Misaligned/off center ☐	Positioned Wrong ☐ Outside Dimensions ☐ Over/Under tolerance ☐ Part Incorrect ☐ Part Lost/Missing ☐ Part Moved ☐ Drawing ☐ Finish ☐ Misread ☐ Turning Sequence ☐				
		OTHER : _____							

Work Order ID 145687

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Page 4

Item ID: D5162-041 Accept ***N900040100*** Setup Start ***NS1***
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Item Name: Seat Structure Assembly
Start Date: 5/4/2016 Start Qty: 1.00 ***1*** Cust Item ID:
Required Date: 5/11/2016 Req'd Qty: 1.00 ***1*** Customer:
Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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150

0.00

150

Large Fab

Large Fab

Memo

0.00

- 1- BOLT SEAT FRAME TO ASSEMBLY PLATE DT8624.
- 2- TRANSFER DRILL D5189-041 TO D3016-041 AS PER DWG USING #30 DRILL AND CLECO THEN DRILL TO FINISH SIZE.
- 3- TRANSFER DRILL SEAT PAN TO D5189-041 AND 3016-041.
- 4- TRASFER DRILL SEAT AND D3016-041 TO D3017-041 USING DT _____ AND USING TOOL TO ACHIEVE DESIRED ANGLE ON BACK REST.

1 EL 16-7-11

155

Weld per dwg A/R 4130 rod Batch: 11127925 0.00***155***

Large Fab

Large Fab

Memo

0.00

- ARMREST:**
- 1- ASSEMBLE AND TRANSFER DRILL D5189-043 TO D3017-041. OPEN HOLES TO FINISH SIZE AS PER DWG
- STRUT:**
- 1-
- SEAT BRACE:**
- 1- USE DT10132 AND DT10133 TO TRANSFER DRILL HOLES IN SEAT PAN AND SEAT BRACE.

1 EL 16-7-11

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____		DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐		AGAINST DEPARTMENT/PROCESS Skid-tube ☐ Machining ☐ Thermoforming ☐ Large Fab ☐ Cross tube ☐ Small Fab ☐ Finishing ☐ Composite ☐ Water Jet ☐ Prod. Eng. Coord. ☐ Rec/Store/Packaging ☐ Supplier ☐ Engineering ☐ Quality ☐ Other ☐					
Date :		Step #:		QTY Effective :			MRB (QSI042) Approval 		
Description Work Order Deviation				Disposition					
							Completed By		
							Lead hand / Supervisor Approval Verification		
							QC / QA Coordinator Approval		

Root Cause			FAULT CATEGORY							
Environment	☐	No Re-verification	☐	Pressure/Forced	☐	Temperature/Cure	☐	Power Loss/Surge	☐	Positioned Wrong
Design	☐	Operator	☐	Bending	☐	Set-up	☐	Folio/Program	☐	Outside Dimensions
Doc/Data	☐	Offset/Setup	☐	Centre Not Concentric	☐	BOM/Route	☐	Grain	☐	Over/Under tolerance
Equip/Tooling	☐	Supplier	☐	Cracks	☐	Broken/Damage/Defect	☐	Weld	☐	Part Incorrect
Handling/Pre	☐	Training	☐	Crimp/Kink/Ripple/Wave	☐	Inspection Incomplete/Unqualified	☐	Wrong Stock Pulled	☐	Part Lost/Missing
Material	☐	Use for Testing	☐	Cuffs	☐	Contamination	☐	Out of Sequence	☐	Part Moved
Internal Transport	☐	Poor Information	☐	Crushing	☐	Countersink	☐	Off-set	☐	Drawing
Tribal Knowledge	☐	Rushing	☐	Heat Treat	☐	Cut Too Short	☐	Mislabeled	☐	Finish
LOA	☐	Product Improvement	☐	Wave/Twist in Tube	☐	Instructions Incomplete/Unclear	☐	Fit/Function	☐	Misread
Substation	☐	Process Improvement	☐	Marks/Chatter	☐	Drill Holes	☐	Misaligned/off center	☐	Turning Sequence
Past Expiry Date	☐	Manufacturing Process	☐	OTHER :						
Misidentified	☐	Past Due	☐							

1 45687

Friday, May 06, 2016 10:40:24 AM

N900040100

Setup Start *NS1*

Stop ***NS2***

Start Date: 5/4/2016 **Start Qty:** 1.00 ***1***

Cust Item ID:

Required Date: 5/11/2016 **Req'd Qty:** 1.00 ***1***

Customer:

Reference:

Run Start *NR1*

Approvals: **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

Stop *NR2*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

160

QC5- Inspect part completeness to step on W/O

0.00

160

QC

Memo

0.00

Quality Control

DAS

9

-9-89

165

Weld per dwg A/R 4130 rod Batch: M 127925 0.00

0.00

165

Large Fab

Large Fab

Memo

SEAT FRAME:

1- WELD D3016-13 BRACKET, D3016-15 GUSSET AND D3016-17 GUSSET
AND PER DWG

2- LAST STEP IS TO FINISH WELDING ALL WELDS AS PER DWG (SEAT AND BACK FRAME)

170

QC9- Inspect visual per QSI004- Fusion Welds

0.00

170

QC

Memo

0.00

Quality Control

DAS

9

9.83

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____		DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐		AGAINST DEPARTMENT/PROCESS Skid-tube ☐ Machining ☐ Thermoforming ☐ Large Fab ☐ Cross tube ☐ Small Fab ☐ Finishing ☐ Composite ☐ Water Jet ☐ Prod. Eng. Coord. ☐ Rec/Store/Packaging ☐ Supplier ☐ Engineering ☐ Quality ☐ Other ☐					
Date :		Step #:		QTY Effective :			MRB (QSI042) Approval 		
Description Work Order Deviation				Disposition					
								Completed By	
								Lead hand / Supervisor Approval Verification	
						QC / QA Coordinator Approval			

Root Cause				FAULT CATEGORY			
Environment ☐		No Re-verification ☐		Pressure/Forced ☐		Temperature/Cure ☐	
Design ☐		Operator ☐		Bending ☐		Set-up ☐	
Doc/Data ☐		Offset/Setup ☐		Centre Not Concentric ☐		BOM/Route ☐	
Equip/Tooling ☐		Supplier ☐		Cracks ☐		Broken/Damage/Defect ☐	
Handling/Pre ☐		Training ☐		Crimp/Kink/Ripple/Wave ☐		Inspection Incomplete/Unqualified ☐	
Material ☐		Use for Testing ☐		Cuffs ☐		Contamination ☐	
Internal Transport ☐		Poor Information ☐		Crushing ☐		Countersink ☐	
Tribal Knowledge ☐		Rushing ☐		Heat Treat ☐		Cut Too Short ☐	
LOA ☐		Product Improvement ☐		Wave/Twist in Tube ☐		Instructions Incomplete/Unclear ☐	
Substation ☐		Process Improvement ☐		Marks/Chatter ☐		Drill Holes ☐	
Past Expiry Date ☐		Manufacturing Process ☐		OTHER : _____			
Misidentified ☐		Past Due ☐					

Friday, May 06, 2016 10:40:24 AM

145687

Page 6

N900040100

Setup Start *NS1*

Stop *NS2*

Start Date: 5/4/2016 **Start Qty:** 1.00 ***1***

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Stop ***NR2***

QC: _____ **Date:** _____ **SPC (Y/N):** _____ **Date:** _____

Accept Qty	Reject Qty	Reject Number	Insp. Stamp

QC5- Inspect part completeness to step on W/O

0.00

175

QC

Memo

0.00

Quality Control

DAS

9

9-89

Chemical Conversion Coat per QSI005 4.1

0.00

180

HandFinish

Memo

0.00

Hand Finishing

CHEMICAL CONVERSION SEAT PANEL D3022-1 AND BACK PANEL
D3023-1 AS PER DWG

QC7-Inspect Chemical Conversion Coat

0.00

190

QC

Memo

0.00

Quality Control

, DAS

36

7 9-89

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

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Work Order: _____ Part No. _____ NCR No. _____		DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐		AGAINST DEPARTMENT/PROCESS Skid-tube ☐ Machining ☐ Thermoforming ☐ Large Fab ☐ Cross tube ☐ Small Fab ☐ Finishing ☐ Composite ☐ Water Jet ☐ Prod. Eng. Coord. ☐ Rec/Store/Packaging ☐ Supplier ☐ Engineering ☐ Quality ☐ Other ☐					
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Root Cause Environment ☐ Design ☐ Doc/Data ☐ Equip/Tooling ☐ Handling/Pre ☐ Material ☐ Internal Transport ☐ Tribal Knowledge ☐ LOA ☐ Substation ☐ Past Expiry Date ☐ Misidentified ☐ No Re-verification ☐ Operator ☐ Offset/Setup ☐ Supplier ☐ Training ☐ Use for Testing ☐ Poor Information ☐ Rushing ☐ Product Improvement ☐ Process Improvement ☐ Manufacturing Process ☐ Past Due ☐		FAULT CATEGORY Pressure/Forced ☐ Bending ☐ Centre Not Concentric ☐ Cracks ☐ Crimp/Kink/Ripple/Wave ☐ Cuffs ☐ Crushing ☐ Heat Treat ☐ Wave/Twist in Tube ☐ Marks/Chatter ☐ Temperature/Cure ☐ Set-up ☐ BOM/Route ☐ Broken/Damage/Defect ☐ Inspection Incomplete/Unqualified ☐ Contamination ☐ Countersink ☐ Cut Too Short ☐ Instructions Incomplete/Unclear ☐ Drill Holes ☐ Power Loss/Surge ☐ Folio/Program ☐ Grain ☐ Weld ☐ Wrong Stock Pulled ☐ Out of Sequence ☐ Off-set ☐ Mislabeled ☐ Fit/Function ☐ Misaligned/off center ☐ Positioned Wrong ☐ Outside Dimensions ☐ Over/Under tolerance ☐ Part Incorrect ☐ Part Lost/Missing ☐ Part Moved ☐ Drawing ☐ Finish ☐ Misread ☐ Turning Sequence ☐							
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Page 7

N900040100

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Stop ***NS2***

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Run Start *NR1*

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Stop *NR2*

Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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0.00

200

0.00

Small Fab

Small Fab

Memo

(TO FABRICATE D5162-051)

ASSEMBLE D3023-1 PANEL TO D3017-041 BACK FRAME AS PER DWG
D5162-051

0.00

210

0.00

QC

Quality Control

Memo

QC5- Inspect part completeness to step on W/O

0.00

220

0.00

Powdercoat

Powder Coating

Memo

Grey Sandtex(Ref:4.3.5.6) per QSI005 4.3

POWDER COAT ALL INDIVIDUAL PARTS

START TIME:

OVEN TEMPERATURE: _____

FINISH TIME:

16/07/12 DAS 36 9-89

DAS
38
~~9.89~~
JUL 13 2016

DAS 34 9-89

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

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Work Order: _____ Part No. _____ NCR No. _____		DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐		AGAINST DEPARTMENT/PROCESS Skid-tube ☐ Machining ☐ Thermoforming ☐ Large Fab ☐ Cross tube ☐ Small Fab ☐ Finishing ☐ Composite ☐ Water Jet ☐ Prod. Eng. Coord. ☐ Rec/Store/Packaging ☐ Supplier ☐ Engineering ☐ Quality ☐ Other ☐					
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Root Cause		FAULT CATEGORY							
Environment ☐	No Re-verification ☐	Pressure/Forced ☐	Temperature/Cure ☐	Power Loss/Surge ☐	Positioned Wrong ☐				
Design ☐	Operator ☐	Bending ☐	Set-up ☐	Folio/Program ☐	Outside Dimensions ☐				
Doc/Data ☐	Offset/Setup ☐	Centre Not Concentric ☐	BOM/Route ☐	Grain ☐	Over/Under tolerance ☐				
Equip/Tooling ☐	Supplier ☐	Cracks ☐	Broken/Damage/Defect ☐	Weld ☐	Part Incorrect ☐				
Handling/Pre ☐	Training ☐	Crimp/Kink/Ripple/Wave ☐	Inspection Incomplete/Unqualified ☐	Wrong Stock Pulled ☐	Part Lost/Missing ☐				
Material ☐	Use for Testing ☐	Cuffs ☐	Contamination ☐	Out of Sequence ☐	Part Moved ☐				
Internal Transport ☐	Poor Information ☐	Crushing ☐	Countersink ☐	Off-set ☐	Drawing ☐				
Tribal Knowledge ☐	Rushing ☐	Heat Treat ☐	Cut Too Short ☐	Mislabeled ☐	Finish ☐				
LOA ☐	Product Improvement ☐	Wave/Twist in Tube ☐	Instructions Incomplete/Unclear ☐	Fit/Function ☐	Misread ☐				
Substation ☐	Process Improvement ☐	Marks/Chatter ☐	Drill Holes ☐	Misaligned/off center ☐	Turning Sequence ☐				
Past Expiry Date ☐	Manufacturing Process ☐	OTHER : _____							
Misidentified ☐	Past Due ☐								

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____		DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐		AGAINST DEPARTMENT/PROCESS Skid-tube ☐ Machining ☐ Thermoforming ☐ Large Fab ☐ Cross tube ☐ Small Fab ☐ Finishing ☐ Composite ☐ Water Jet ☐ Prod. Eng. Coord. ☐ Rec/Store/Packaging ☐ Supplier ☐ Engineering ☐ Quality ☐ Other ☐					
Date :		Step #:		QTY Effective :			MRB (QS1042) Approval		
Description Work Order Deviation				Disposition				Completed By	
								Lead hand / Supervisor Approval Verification	
Root Cause		FAULT CATEGORY							
Environment ☐	No Re-verification ☐	Pressure/Forced ☐	Temperature/Cure ☐	Power Loss/Surge ☐	Positioned Wrong ☐				
Design ☐	Operator ☐	Bending ☐	Set-up ☐	Folio/Program ☐	Outside Dimensions ☐				
Doc/Data ☐	Offset/Setup ☐	Centre Not Concentric ☐	BOM/Route ☐	Grain ☐	Over/Under tolerance ☐				
Equip/Tooling ☐	Supplier ☐	Cracks ☐	Broken/Damage/Defect ☐	Weld ☐	Part Incorrect ☐				
Handling/Pre ☐	Training ☐	Crimp/Kink/Ripple/Wave ☐	Inspection Incomplete/Unqualified ☐	Wrong Stock Pulled ☐	Part Lost/Missing ☐				
Material ☐	Use for Testing ☐	Cuffs ☐	Contamination ☐	Out of Sequence ☐	Part Moved ☐				
Internal Transport ☐	Poor Information ☐	Crushing ☐	Countersink ☐	Off-set ☐	Drawing ☐				
Tribal Knowledge ☐	Rushing ☐	Heat Treat ☐	Cut Too Short ☐	Mislabeled ☐	Finish ☐				
LOA ☐	Product Improvement ☐	Wave/Twist in Tube ☐	Instructions Incomplete/Unclear ☐	Fit/Function ☐	Misread ☐				
Substation ☐	Process Improvement ☐	Marks/Chatter ☐	Drill Holes ☐	Misaligned/off center ☐	Turning Sequence ☐				
Past Expiry Date ☐	Manufacturing Process ☐	OTHER :							
Misidentified ☐	Past Due ☐								

Work Order ID 145687

Friday, May 06, 2016 10:40:24 AM

145687

Page 9

Item ID: D5162-041 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: Seat Structure Assembly
Start Date: 5/4/2016 Start Qty: 1.00 ***1*** Cust Item ID:
Required Date: 5/11/2016 Req'd Qty: 1.00 ***1*** Customer:
Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
260	Identify as per dwg & Stock Location	0.00							
260									
Packaging	Memo	0.00							
Packaging									
270	QC21- Final Inspection - Work Order Release	0.00							
270									
QC	Memo	0.00							
Quality Control									

DAS
21
8-89

JUL 25 2016

dem 16/01/22

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____		DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐		AGAINST DEPARTMENT/PROCESS Skid-tube ☐ Machining ☐ Thermoforming ☐ Large Fab ☐ Cross tube ☐ Small Fab ☐ Finishing ☐ Composite ☐ Water Jet ☐ Prod. Eng. Coord. ☐ Rec/Store/Packaging ☐ Supplier ☐ Engineering ☐ Quality ☐ Other ☐					
Date :		Step #:		QTY Effective :			MRB (QSI042) Approval		
Description Work Order Deviation				Disposition				Completed By Lead hand / Supervisor Approval Verification QC / QA Coordinator Approval	
Root Cause		FAULT CATEGORY							
Environment ☐ Design ☐ Doc/Data ☐ Equip/Tooling ☐ Handling/Pre ☐ Material ☐ Internal Transport ☐ Tribal Knowledge ☐ LOA ☐ Substation ☐ Past Expiry Date ☐ Misidentified ☐	No Re-verification ☐ Operator ☐ Offset/Setup ☐ Supplier ☐ Training ☐ Use for Testing ☐ Poor Information ☐ Rushing ☐ Product Improvement ☐ Process Improvement ☐ Manufacturing Process ☐ Past Due ☐	Pressure/Forced ☐ Bending ☐ Centre Not Concentric ☐ Cracks ☐ Crimp/Kink/Ripple/Wave ☐ Cuffs ☐ Crushing ☐ Heat Treat ☐ Wave/Twist in Tube ☐ Marks/Chatter ☐		Temperature/Cure ☐ Set-up ☐ BOM/Route ☐ Broken/Damage/Defect ☐ Inspection Incomplete/Unqualified ☐ Contamination ☐ Countersink ☐ Cut Too Short ☐ Instructions Incomplete/Unclear ☐ Drill Holes ☐		Power Loss/Surge ☐ Folio/Program ☐ Grain ☐ Weld ☐ Wrong Stock Pulled ☐ Out of Sequence ☐ Off-set ☐ Mislabeled ☐ Fit/Function ☐ Misaligned/off center ☐		Positioned Wrong ☐ Outside Dimensions ☐ Over/Under tolerance ☐ Part Incorrect ☐ Part Lost/Missing ☐ Part Moved ☐ Drawing ☐ Finish ☐ Misread ☐ Turning Sequence ☐	
		OTHER : _____							

Friday, May 06, 2016 10:40:23 AM

145687

D5162-041

Required Qty: 1.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

El 16.7.11

14595/x1

Loc Code

3

138387

3

1

16-7-1

145521

Loc Code

WA001

3

134241

3

f

86.0000

15.5

16.31579

4130 RD Tube .750 x.049W

El 16-7-7

Loc Code

MAT033

86

m122425

20

m134001

44

m134115

22

110

Each

12.0000

1

Armrest Stud Assembly

ET 16-7-11

Loc Code

WA002

12

~~140230~~

12

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____		DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐		AGAINST DEPARTMENT/PROCESS Skid-tube ☐ Machining ☐ Thermoforming ☐ Large Fab ☐ Cross tube ☐ Small Fab ☐ Finishing ☐ Composite ☐ Water Jet ☐ Prod. Eng. Coord. ☐ Rec/Store/Packaging ☐ Supplier ☐ Engineering ☐ Quality ☐ Other ☐					
Date :		Step #:		QTY Effective :				MRB (QSI042) Approval	
Description Work Order Deviation				Disposition				Completed By	
								Lead hand / Supervisor Approval Verification	
								QC / QA Coordinator Approval	
Root Cause		FAULT CATEGORY							
Environment ☐	No Re-verification ☐	Pressure/Forced ☐	Temperature/Cure ☐	Power Loss/Surge ☐	Positioned Wrong ☐				
Design ☐	Operator ☐	Bending ☐	Set-up ☐	Folio/Program ☐	Outside Dimensions ☐				
Doc/Data ☐	Offset/Setup ☐	Centre Not Concentric ☐	BOM/Route ☐	Grain ☐	Over/Under tolerance ☐				
Equip/Tooling ☐	Supplier ☐	Cracks ☐	Broken/Damage/Defect ☐	Weld ☐	Part Incorrect ☐				
Handling/Pre ☐	Training ☐	Crimp/Kink/Ripple/Wave ☐	Inspection Incomplete/Unqualified ☐	Wrong Stock Pulled ☐	Part Lost/Missing ☐				
Material ☐	Use for Testing ☐	Cuffs ☐	Contamination ☐	Out of Sequence ☐	Part Moved ☐				
Internal Transport ☐	Poor Information ☐	Crushing ☐	Countersink ☐	Off-set ☐	Drawing ☐				
Tribal Knowledge ☐	Rushing ☐	Heat Treat ☐	Cut Too Short ☐	Mislabeled ☐	Finish ☐				
LOA ☐	Product Improvement ☐	Wave/Twist in Tube ☐	Instructions Incomplete/Unclear ☐	Fit/Function ☐	Misread ☐				
Substation ☐	Process Improvement ☐	Marks/Chatter ☐	Drill Holes ☐	Misaligned/off center ☐	Turning Sequence ☐				
Past Expiry Date ☐	Manufacturing Process ☐	OTHER : _____							
Misidentified ☐	Past Due ☐								

Picklist Print

Friday, May 06, 2016 10:40:23 AM

Page 2

Work Order ID: 145687

145687

Parent Item: D5162-041

D5162-041

Parent Item Name: Seat Structure Assembly

Start Date: 5/4/2016

Required Date: 5/11/2016

Start Qty: 1.00

Required Qty: 1.00

M4130NT0.500W.049

Purchased

No

105

f

293.4650

4.33

4.557895

M4130NT0 500W 049

4130 RD Tube .500 x.049W

**

EL 16-7-11

Location

Loc Qty

Loc Code

MAT032

293.465

m124293

12.166

m127111

13.633

m128713

21

m129826

170.4

m130551

76.266

4.2

M4130NT1.000W.120

Purchased

No

105

f

24.2500

1.2

1.263158

M4130NT1 000W 120

4130 RD Tube 1.00 x .120wall

**

EL 16-7-11

Location

Loc Qty

Loc Code

MAT033

24.25

m131146

24.25

1.25

D3020-1

Manufactured

No

120

Each

22.0000

4

4

D3020-1

Fitting

**

EL 16-7-6

Location

Loc Qty

Loc Code

WA002

22

135489

7

138313

1

141541

14

4

D3017-7

Manufactured

No

130

Each

29.0000

3

3

D3017-7

Lug

**

EL 16-7-11

Location

Loc Qty

Loc Code

WA002

29

137735

29

3

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____		DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐		AGAINST DEPARTMENT/PROCESS Skid-tube ☐ Machining ☐ Thermoforming ☐ Large Fab ☐ Cross tube ☐ Small Fab ☐ Finishing ☐ Composite ☐ Water Jet ☐ Prod. Eng. Coord. ☐ Rec/Store/Packaging ☐ Supplier ☐ Engineering ☐ Quality ☐ Other ☐					
Date :		Step #:		QTY Effective :			MRB (QSI042) Approval 		
Description Work Order Deviation				Disposition					
								Completed By	
								Lead hand / Supervisor Approval Verification	
						QC / QA Coordinator Approval			

Root Cause				FAULT CATEGORY							
Environment	☐	No Re-verification	☐	Pressure/Forced	☐	Temperature/Cure	☐	Power Loss/Surge	☐	Positioned Wrong	☐
Design	☐	Operator	☐	Bending	☐	Set-up	☐	Folio/Program	☐	Outside Dimensions	☐
Doc/Data	☐	Offset/Setup	☐	Centre Not Concentric	☐	BOM/Route	☐	Grain	☐	Over/Under tolerance	☐
Equip/Tooling	☐	Supplier	☐	Cracks	☐	Broken/Damage/Defect	☐	Weld	☐	Part Incorrect	☐
Handling/Pre	☐	Training	☐	Crimp/Kink/Ripple/Wave	☐	Inspection Incomplete/Unqualified	☐	Wrong Stock Pulled	☐	Part Lost/Missing	☐
Material	☐	Use for Testing	☐	Cuffs	☐	Contamination	☐	Out of Sequence	☐	Part Moved	☐
Internal Transport	☐	Poor Information	☐	Crushing	☐	Countersink	☐	Off-set	☐	Drawing	☐
Tribal Knowledge	☐	Rushing	☐	Heat Treat	☐	Cut Too Short	☐	Mislabeled	☐	Finish	☐
LOA	☐	Product Improvement	☐	Wave/Twist in Tube	☐	Instructions Incomplete/Unclear	☐	Fit/Function	☐	Misread	☐
Substation	☐	Process Improvement	☐	Marks/Chatter	☐	Drill Holes	☐	Misaligned/off center	☐	Turning Sequence	☐
Past Expiry Date	☐	Manufacturing Process	☐	OTHER : _____							
Misidentified	☐	Past Due	☐								

Picklist Print

Friday, May 06, 2016 10:40:23 AM

Page 3

Work Order ID: 145687

145687

Parent Item: D5162-041

D5162-041

Parent Item Name: Seat Structure Assembly

Start Date: 5/4/2016

Required Date: 5/11/2016

Start Qty: 1.00

Required Qty: 1.00

D3023-1 Manufactured No 130 Each 2.0000 1 1

D3023-1

Back Panel

**

EL 16-7-11

Location

Loc Qty

Loc Code

WA001

2

142887

1

144993

1

1472181

M4130NT0.750W.083

Purchased No

105

f

28.4400

2.5

2.631579

M4130NT0 750W 083

4130 RD Tube .750 x.083W

**

EL 16-7-11

Location

Loc Qty

Loc Code

MAT032

28.44

m131146

5.44

m134001

23

2.5

D3022-1

Manufactured No

150

Each

2.0000

1

1

D3022-1

Seat Pan

**

EL 16-7-11

Location

Loc Qty

Loc Code

WA001

2

142911

1

144994

1

1460311

D3016-15

Manufactured No

165

Each

16.0000

2

2

D3016-15

Gusset

**

EL 16-7-11

Location

Loc Qty

Loc Code

WA002

16

119895

16

2

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____		DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐		AGAINST DEPARTMENT/PROCESS Skid-tube ☐ Machining ☐ Thermoforming ☐ Large Fab ☐ Cross tube ☐ Small Fab ☐ Finishing ☐ Composite ☐ Water Jet ☐ Prod. Eng. Coord. ☐ Rec/Store/Packaging ☐ Supplier ☐ Engineering ☐ Quality ☐ Other ☐					
Date :		Step #:		QTY Effective :			MRB (QSI042) Approval 		
Description Work Order Deviation				Disposition					
							Completed By		
							Lead hand / Supervisor Approval Verification		
							QC / QA Coordinator Approval		

Root Cause				FAULT CATEGORY			
Environment ☐	☐ No Re-verification	☐ Pressure/Forced	☐ Temperature/Cure	☐ Power Loss/Surge	☐ Positioned Wrong		
Design ☐	☐ Operator	☐ Bending	☐ Set-up	☐ Folio/Program	☐ Outside Dimensions		
Doc/Data ☐	☐ Offset/Setup	☐ Centre Not Concentric	☐ BOM/Route	☐ Grain	☐ Over/Under tolerance		
Equip/Tooling ☐	☐ Supplier	☐ Cracks	☐ Broken/Damage/Defect	☐ Weld	☐ Part Incorrect		
Handling/Pre ☐	☐ Training	☐ Crimp/Kink/Ripple/Wave	☐ Inspection Incomplete/Unqualified	☐ Wrong Stock Pulled	☐ Part Lost/Missing		
Material ☐	☐ Use for Testing	☐ Cuffs	☐ Contamination	☐ Out of Sequence	☐ Part Moved		
Internal Transport ☐	☐ Poor Information	☐ Crushing	☐ Countersink	☐ Off-set	☐ Drawing		
Tribal Knowledge ☐	☐ Rushing	☐ Heat Treat	☐ Cut Too Short	☐ Mislabeled	☐ Finish		
LOA ☐	☐ Product Improvement	☐ Wave/Twist in Tube	☐ Instructions Incomplete/Unclear	☐ Fit/Function	☐ Misread		
Substation ☐	☐ Process Improvement	☐ Marks/Chatter	☐ Drill Holes	☐ Misaligned/off center	☐ Turning Sequence		
Past Expiry Date ☐	☐ Manufacturing Process	OTHER : _____					
Misidentified ☐	☐ Past Due						

Picklist Print

Friday, May 06, 2016 10:40:23 AM

Page 4

Work Order ID: 145687

145687

Parent Item: D5162-041

D5162-041

Parent Item Name: Seat Structure Assembly

Start Date: 5/4/2016

Required Date: 5/11/2016

Start Qty: 1.00

Required Qty: 1.00

D3016-13 Manufactured No 165 Each 22.0000 2 2

D3016-13

Bracket

EL 16-7-11

Location

Loc Qty

Loc Code

WA002

22

141449

22

2

D3016-17 Manufactured No 165 Each 38.0000 2 2

D3016-17

Gusset

EL 16-7-11

Location

Loc Qty

Loc Code

WA002

38

138268

38

2

D3017-11 Manufactured No 165 Each 64.0000 4 4

D3017-11

Cap

EL 16-7-11

Location

Loc Qty

Loc Code

WA001

64

142889

64

9

MS20600-AD4W2 Purchased No 200 Each 245.0000 46 46

MS20600-AD4W2

Rivet

46 40

16/07/12 DAS
36
9-89

Location

Loc Qty

Loc Code

ST308

245

m126475

245

40

*** MS20600-AD4W23 - M129795**

Qty: 6

16/07/12 DAS
36
9-89

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____		DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐		AGAINST DEPARTMENT/PROCESS Skid-tube ☐ Machining ☐ Thermoforming ☐ Large Fab ☐ Cross tube ☐ Small Fab ☐ Finishing ☐ Composite ☐ Water Jet ☐ Prod. Eng. Coord. ☐ Rec/Store/Packaging ☐ Supplier ☐ Engineering ☐ Quality ☐ Other ☐					
Date :		Step #:		QTY Effective :			MRB (QSI042) Approval 		
Description Work Order Deviation				Disposition					
								Completed By	
								Lead hand / Supervisor Approval Verification	
								QC / QA Coordinator Approval	

Root Cause			FAULT CATEGORY					
Environment ☐	No Re-verification ☐	Pressure/Forced ☐	Temperature/Cure ☐	Power Loss/Surge ☐	Positioned Wrong ☐			
Design ☐	Operator ☐	Bending ☐	Set-up ☐	Folio/Program ☐	Outside Dimensions ☐			
Doc/Data ☐	Offset/Setup ☐	Centre Not Concentric ☐	BOM/Route ☐	Grain ☐	Over/Under tolerance ☐			
Equip/Tooling ☐	Supplier ☐	Cracks ☐	Broken/Damage/Defect ☐	Weld ☐	Part Incorrect ☐			
Handling/Pre ☐	Training ☐	Crimp/Kink/Ripple/Wave ☐	Inspection Incomplete/Unqualified ☐	Wrong Stock Pulled ☐	Part Lost/Missing ☐			
Material ☐	Use for Testing ☐	Cuffs ☐	Contamination ☐	Out of Sequence ☐	Part Moved ☐			
Internal Transport ☐	Poor Information ☐	Crushing ☐	Countersink ☐	Off-set ☐	Drawing ☐			
Tribal Knowledge ☐	Rushing ☐	Heat Treat ☐	Cut Too Short ☐	Mislabeled ☐	Finish ☐			
LOA ☐	Product Improvement ☐	Wave/Twist in Tube ☐	Instructions Incomplete/Unclear ☐	Fit/Function ☐	Misread ☐			
Substation ☐	Process Improvement ☐	Marks/Chatter ☐	Drill Holes ☐	Misaligned/off center ☐	Turning Sequence ☐			
Past Expiry Date ☐	Manufacturing Process ☐	OTHER : _____						
Misidentified ☐	Past Due ☐							

Picklist Print

Friday, May 06, 2016 10:40:24 AM

Page 5

Work Order ID: 145687

145687

Parent Item: D5162-041

D5162-041

Parent Item Name: Seat Structure Assembly

Start Date: 5/4/2016

Required Date: 5/11/2016

Start Qty: 1.00

Required Qty: 1.00

AN4-6A Purchased No

240 Each

496.0000

1 1

AN4-6A

BOLT

**

134852

DAS
8
9-89

Location

Loc Qty

Loc Code

over003

400

M134508

200

M134634

200

ST345

96

M130851

39

M133790

57

NAS43DD4-16FC

Purchased

No

240

Each

28.0000

2 2

NAS43DD4-16FC

Spacer

**

DAS
8
9-89

Location

Loc Qty

Loc Code

ST550

28

m130835

4

m133790

24

AN4-4A

Purchased

No

240

Each

163.0000

1 1

AN4-4A

BOLT

**

DAS
8
9-89

Location

Loc Qty

Loc Code

FP001

2

m125709

2

ST325A

161

m129390

161

JUL 21 2016

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____		DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐		AGAINST DEPARTMENT/PROCESS Skid-tube ☐ Machining ☐ Thermoforming ☐ Large Fab ☐ Cross tube ☐ Small Fab ☐ Finishing ☐ Composite ☐ Water Jet ☐ Prod. Eng. Coord. ☐ Rec/Store/Packaging ☐ Supplier ☐ Engineering ☐ Quality ☐ Other ☐					
Date :		Step #:		QTY Effective :			MRB (QSI042) Approval		
Description Work Order Deviation				Disposition				Completed By Lead hand / Supervisor Approval Verification QC / QA Coordinator Approval	

Root Cause				FAULT CATEGORY			
Environment ☐	☐ No Re-verification	☐ Pressure/Forced	☐ Temperature/Cure	☐ Power Loss/Surge	☐ Positioned Wrong		
Design ☐	☐ Operator	☐ Bending	☐ Set-up	☐ Folio/Program	☐ Outside Dimensions		
Doc/Data ☐	☐ Offset/Setup	☐ Centre Not Concentric	☐ BOM/Route	☐ Grain	☐ Over/Under tolerance		
Equip/Tooling ☐	☐ Supplier	☐ Cracks	☐ Broken/Damage/Defect	☐ Weld	☐ Part Incorrect		
Handling/Pre ☐	☐ Training	☐ Crimp/Kink/Ripple/Wave	☐ Inspection Incomplete/Unqualified	☐ Wrong Stock Pulled	☐ Part Lost/Missing		
Material ☐	☐ Use for Testing	☐ Cuffs	☐ Contamination	☐ Out of Sequence	☐ Part Moved		
Internal Transport ☐	☐ Poor Information	☐ Crushing	☐ Countersink	☐ Off-set	☐ Drawing		
Tribal Knowledge ☐	☐ Rushing	☐ Heat Treat	☐ Cut Too Short	☐ Misabeled	☐ Finish		
LOA ☐	☐ Product Improvement	☐ Wave/Twist in Tube	☐ Instructions Incomplete/Unclear	☐ Fit/Function	☐ Misread		
Substation ☐	☐ Process Improvement	☐ Marks/Chatter	☐ Drill Holes	☐ Misaligned/off center	☐ Turning Sequence		
Past Expiry Date ☐	☐ Manufacturing Process	OTHER : _____					
Misidentified ☐	☐ Past Due						

Picklist Print

Friday, May 06, 2016 10:40:24 AM

Page 6

Work Order ID: 145687

145687

Parent Item: D5162-041

D5162-041

Parent Item Name: Seat Structure Assembly

Start Date: 5/4/2016

Required Date: 5/11/2016

Start Qty: 1.00

Required Qty: 1.00

D5159-043 Manufactured No

105 Each 4.0000 1 1

D5159-043

Seat Back Brace Assembly

**

EL 16-7-11

Location

Loc Qty

Loc Code

ST358

4

141332

2

143444

2

MS27039-4-20 Purchased No

240 Each 46.0000 4 4

MS27039-4-20

Screw

**

DAS

8

9-89

Location

Loc Qty

Loc Code

ST279

46

m132551

46

MS20600-AD4W4 Purchased No

240 Each 1,570.000 4 4

MS20600-AD4W4

Rivets

**

DAS

8

9-89

Location

Loc Qty

Loc Code

CCK005

1482

M133990

1482

ST308

88

M132640

88

MS27039-1-19 Purchased No

240 Each 188.0000 4 4

MS27039-1-19

Screw

**

DAS

8

9-89

Location

Loc Qty

Loc Code

GA

147

m134134

147

ST280

41

m134055

41

JUL 21 2016

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____		DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐		AGAINST DEPARTMENT/PROCESS Skid-tube ☐ Machining ☐ Thermoforming ☐ Large Fab ☐ Cross tube ☐ Small Fab ☐ Finishing ☐ Composite ☐ Water Jet ☐ Prod. Eng. Coord. ☐ Rec/Store/Packaging ☐ Supplier ☐ Engineering ☐ Quality ☐ Other ☐					
Date :		Step #:		QTY Effective :			MRB (QSI042) Approval 		
Description Work Order Deviation				Disposition					
							Completed By _____		
							Lead hand / Supervisor Approval Verification _____		
							QC / QA Coordinator Approval _____		

Root Cause				FAULT CATEGORY							
Environment	☐	No Re-verification	☐	Pressure/Forced	☐	Temperature/Cure	☐	Power Loss/Surge	☐	Positioned Wrong	☐
Design	☐	Operator	☐	Bending	☐	Set-up	☐	Folio/Program	☐	Outside Dimensions	☐
Doc/Data	☐	Offset/Setup	☐	Centre Not Concentric	☐	BOM/Route	☐	Grain	☐	Over/Under tolerance	☐
Equip/Tooling	☐	Supplier	☐	Cracks	☐	Broken/Damage/Defect	☐	Weld	☐	Part Incorrect	☐
Handling/Pre	☐	Training	☐	Crimp/Kink/Ripple/Wave	☐	Inspection Incomplete/Unqualified	☐	Wrong Stock Pulled	☐	Part Lost/Missing	☐
Material	☐	Use for Testing	☐	Cuffs	☐	Contamination	☐	Out of Sequence	☐	Part Moved	☐
Internal Transport	☐	Poor Information	☐	Crushing	☐	Countersink	☐	Off-set	☐	Drawing	☐
Tribal Knowledge	☐	Rushing	☐	Heat Treat	☐	Cut Too Short	☐	Mislabeled	☐	Finish	☐
LOA	☐	Product Improvement	☐	Wave/Twist in Tube	☐	Instructions Incomplete/Unclear	☐	Fit/Function	☐	Misread	☐
Substation	☐	Process Improvement	☐	Marks/Chatter	☐	Drill Holes	☐	Misaligned/off center	☐	Turning Sequence	☐
Past Expiry Date	☐	Manufacturing Process	☐	OTHER : 							
Misidentified	☐	Past Due	☐								

Picklist Print

Friday, May 06, 2016 10:40:24 AM

Page 7

Work Order ID: 145687

145687

Parent Item: D5162-041

D5162-041

Parent Item Name: Seat Structure Assembly

Start Date: 5/4/2016

Required Date: 5/11/2016

Start Qty: 1.00

Required Qty: 1.00

D3024-1 Manufactured No

240 Each 14.0000 3 3

D3024-1

Spacer

**

145464x/

DAS
8-89

Location

Loc Qty

Loc Code

ST015

14

136424

14

MS27039-1-17

Purchased No

240 Each 203.0000 1 1

MS27039-1-17

Screw (601.1954)

**

DAS
8-89

Location

Loc Qty

Loc Code

GA

185

120142

36

m127831

149

ST280

18

m127305

18

MS24693-S49

Purchased No

240 Each 200.0000 4 4

MS24693-S49

Screw

**

129682

DAS
8-89

Location

Loc Qty

Loc Code

ST286

200

m130835

200

JUL 21 2016



Work Order update only ☐

H:/FORMS/Quality Assurance\approved QA/NCRWO Rev I

Picklist Print

Friday, May 06, 2016 10:40:24 AM

Page 8

Work Order ID: 145687

145687

Parent Item: D5162-041

D5162-041

Parent Item Name: Seat Structure Assembly

Start Date: 5/4/2016

Required Date: 5/11/2016

Start Qty: 1.00

Required Qty: 1.00

NAS1149D0332J

Purchased

No

240

Each

826.0000

30

30

NAS1149D0332.J

Washer

134738

DAS
8
8-89

Location

Loc Qty

Loc Code

CA

6

m129682

6

FP001

11

m133988

11

GA

60

m132677

60

ST264

749

m134502

749

MS20600-AD4W5

Purchased

No

240

Each

468.0000

8

8

MS20600-AD4W5

Blind Rivet

JUL 21 2016

DAS
8
8-89

Location

Loc Qty

Loc Code

ST308

331

m131340

11

m132769

320

WA004

137

m131618

134

m132640

3

Friday, May 06, 2016 10:40:24 AM

Shop Packet Print

Page 8

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____		DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐		AGAINST DEPARTMENT/PROCESS Skid-tube ☐ Machining ☐ Thermoforming ☐ Large Fab ☐ Cross tube ☐ Small Fab ☐ Finishing ☐ Composite ☐ Water Jet ☐ Prod. Eng. Coord. ☐ Rec/Store/Packaging ☐ Supplier ☐ Engineering ☐ Quality ☐ Other ☐					
Date :		Step #:		QTY Effective :			MRB (QSI042) Approval 		
Description Work Order Deviation				Disposition					
							Completed By		
							Lead hand / Supervisor Approval Verification		
					QC / QA Coordinator Approval				

Root Cause				FAULT CATEGORY			
Environment ☐	☐ No Re-verification	☐ Pressure/Forced	☐ Temperature/Cure	☐ Power Loss/Surge	☐ Positioned Wrong		
Design ☐	☐ Operator	☐ Bending	☐ Set-up	☐ Folio/Program	☐ Outside Dimensions		
Doc/Data ☐	☐ Offset/Setup	☐ Centre Not Concentric	☐ BOM/Route	☐ Grain	☐ Over/Under tolerance		
Equip/Tooling ☐	☐ Supplier	☐ Cracks	☐ Broken/Damage/Defect	☐ Weld	☐ Part Incorrect		
Handling/Pre ☐	☐ Training	☐ Crimp/Kink/Ripple/Wave	☐ Inspection Incomplete/Unqualified	☐ Wrong Stock Pulled	☐ Part Lost/Missing		
Material ☐	☐ Use for Testing	☐ Cuffs	☐ Contamination	☐ Out of Sequence	☐ Part Moved		
Internal Transport ☐	☐ Poor Information	☐ Crushing	☐ Countersink	☐ Off-set	☐ Drawing		
Tribal Knowledge ☐	☐ Rushing	☐ Heat Treat	☐ Cut Too Short	☐ Misabeled	☐ Finish		
LOA ☐	☐ Product Improvement	☐ Wave/Twist in Tube	☐ Instructions Incomplete/Unclear	☐ Fit/Function	☐ Misread		
Substation ☐	☐ Process Improvement	☐ Marks/Chatter	☐ Drill Holes	☐ Misaligned/off center	☐ Turning Sequence		
Past Expiry Date ☐	☐ Manufacturing Process	OTHER : _____					
Misidentified ☐	☐ Past Due						

Picklist Print

Friday, May 06, 2016 10:40:24 AM

Page 9

Work Order ID: 145687

145687

Parent Item: D5162-041

D5162-041

Parent Item Name: Seat Structure Assembly

Start Date: 5/4/2016

Required Date: 5/11/2016

Start Qty: 1.00

Required Qty: 1.00

MS21042L3

Purchased

No

240

Each

1,726.000

17

17

MS21042L3

134943

Nut

Location

Loc Qty

Loc Code

FP001

100

m133790

100

GA

701

m133790

3

m134360

698

ST303

925

m134039

12

m134360

313

m134634

600

DAS
6
9-89

NAS1149D0432J

Purchased

No

240

Each

1,010.000

17

17

NAS1149D0432J

WASHER

Location

Loc Qty

Loc Code

GA

26

m131026

26

ST264

984

m134676

984

JUL 21 2016 DAS
6
9-89

D5159-041

Manufactured

No

105

Each

4.0000

1

1

D5159-041

16-7-11

Seat Back Brace Assembly

Location

Loc Qty

Loc Code

ST358

4

140234

2

143489

2

146090x1

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____		DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐		AGAINST DEPARTMENT/PROCESS Skid-tube ☐ Machining ☐ Thermoforming ☐ Large Fab ☐ Cross tube ☐ Small Fab ☐ Finishing ☐ Composite ☐ Water Jet ☐ Prod. Eng. Coord. ☐ Rec/Store/Packaging ☐ Supplier ☐ Engineering ☐ Quality ☐ Other ☐					
Date :		Step #:		QTY Effective :			MRB (QSI042) Approval		
Description Work Order Deviation				Disposition				Completed By Lead hand / Supervisor Approval Verification QC / QA Coordinator Approval	
Root Cause Environment ☐ Design ☐ Doc/Data ☐ Equip/Tooling ☐ Handling/Pre ☐ Material ☐ Internal Transport ☐ Tribal Knowledge ☐ LOA ☐ Substation ☐ Past Expiry Date ☐ Misidentified ☐ No Re-verification ☐ Operator ☐ Offset/Setup ☐ Supplier ☐ Training ☐ Use for Testing ☐ Poor Information ☐ Rushing ☐ Product Improvement ☐ Process Improvement ☐ Manufacturing Process ☐ Past Due ☐		FAULT CATEGORY Pressure/Forced ☐ Bending ☐ Centre Not Concentric ☐ Cracks ☐ Crimp/Kink/Ripple/Wave ☐ Cuffs ☐ Crushing ☐ Heat Treat ☐ Wave/Twist in Tube ☐ Marks/Chatter ☐ Temperature/Cure ☐ Set-up ☐ BOM/Route ☐ Broken/Damage/Defect ☐ Inspection Incomplete/Unqualified ☐ Contamination ☐ Countersink ☐ Cut Too Short ☐ Instructions Incomplete/Unclear ☐ Drill Holes ☐						Power Loss/Surge ☐ Folio/Program ☐ Grain ☐ Weld ☐ Wrong Stock Pulled ☐ Out of Sequence ☐ Off-set ☐ Mislabeled ☐ Fit/Function ☐ Misaligned/off center ☐ Positioned Wrong ☐ Outside Dimensions ☐ Over/Under tolerance ☐ Part Incorrect ☐ Part Lost/Missing ☐ Part Moved ☐ Drawing ☐ Finish ☐ Misread ☐ Turning Sequence ☐	
		OTHER : ☐							

Picklist Print

Friday, May 06, 2016 10:40:24 AM

Work Order ID: 145687

145687

Parent Item: D5162-041

D5162-041

Parent Item Name: Seat Structure Assembly

Start Date: 5/4/2016

Required Date: 5/11/2016

Start Qty: 1.00

Required Qty: 1.00

AN4-14A Purchased No

240 Each 355.0000 2 2

AN4-14A

Bolt

**

134943

DAS
9-88
JUL 21 2016

Location	Loc Qty	Loc Code
FG	5	
122141	5	
over003	250	
M134508	100	
M134573	150	
ST344	100	
M133998	100	

D3031-1 Manufactured No

240 Each 8.0000 2 2

D3031-1

Loop

**

16/07/21/13

Location	Loc Qty	Loc Code
GA	8	
134318	8	

145241 (2x)

AN3-12A Purchased No

240 Each 116.0000 3 3

AN3-12A

Bolt

**

Location	Loc Qty	Loc Code
ST349	116	
m133064	16	
m134257	100	

DAS
9-88
JUL 21 2016

~~~~~

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | MRB (QSI042) Approval |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> |  |                       | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> |  | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

# Picklist Print

Friday, May 06, 2016 10:40:24 AM

Work Order ID: 145687

**\*145687\***

Parent Item: D5162-041

**\*D5162-041\***

Parent Item Name: Seat Structure Assembly

Start Date: 5/4/2016

Required Date: 5/11/2016

Start Qty: 1.00

Required Qty: 1.00

MS21042L4

Purchased

No

240

Each

1,670.000

8

8

**\*MS21042L 4\***

Locknut

**\*\***

134955

DAS  
6  
9-89

Location

Loc Qty

Loc Code

GA

279

m133769

279

OVER007

500

m134676

500

ST303

794

m134606

794

ST305

97

m130922

97

JUL 2 1 2016

D2199-31

Manufactured

No

105

Each

5.0000

1

1

**\*D2199-31\***

Strut Details

**\*\***

EL 16-7-11

Location

Loc Qty

Loc Code

ST352

5

139863

5

148109x1

MS27039-1-20

Purchased

No

240

Each

138.0000

2

2

**\*MS27039-1-20\***

Screw

**\*\***

DAS  
6  
9-89

Location

Loc Qty

Loc Code

ST280

138

124326

138

MS27039-4-21

Purchased

No

240

Each

37.0000

2

2

**\*MS27039-4-21\***

Screw

**\*\***

Location

Loc Qty

Loc Code

ST279

37

m132803

37

DAS  
6  
9-89

JUL 2 1 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                            |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                            |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | <b>MRB (QSI042) Approval</b><br><br>Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                            |  |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                            |  |  |



# Picklist Print

Friday, May 06, 2016 10:40:24 AM

Page 12

Work Order ID: 145687

**\*145687\***

Parent Item: D5162-041

**\*D5162-041\***

Parent Item Name: Seat Structure Assembly

Start Date: 5/4/2016

Required Date: 5/11/2016

Start Qty: 1.00

Required Qty: 1.00

MS27039-1-18

Purchased

No

240

Each

1,823.000

3

3

**\*MS27039-1-18\***

**\*\***

Screw

Location

Loc Qty

Loc Code

GA

251

123522

55

124326

196

over006

1373

124326

1373

ST280

199

124326

199

D5159-045

Manufactured

No

105

Each

5.0000

1

1

**\*D5159-045\***

**\*\***

Seat Rib Assembly

Location

Loc Qty

Loc Code

ST358

5

138038

1

140228

4

AN970-4

Purchased

No

240

Each

102.0000

1

1

**\*AN970-4\***

**\*\***

Washer

Location

Loc Qty

Loc Code

ST260a

100

m133769

50

m133992

50

ST321

2

m134039

2

DAS  
6  
8-89

JUL 21 2016

EL 16-7-11

DAS  
6  
8-89

JUL 21 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



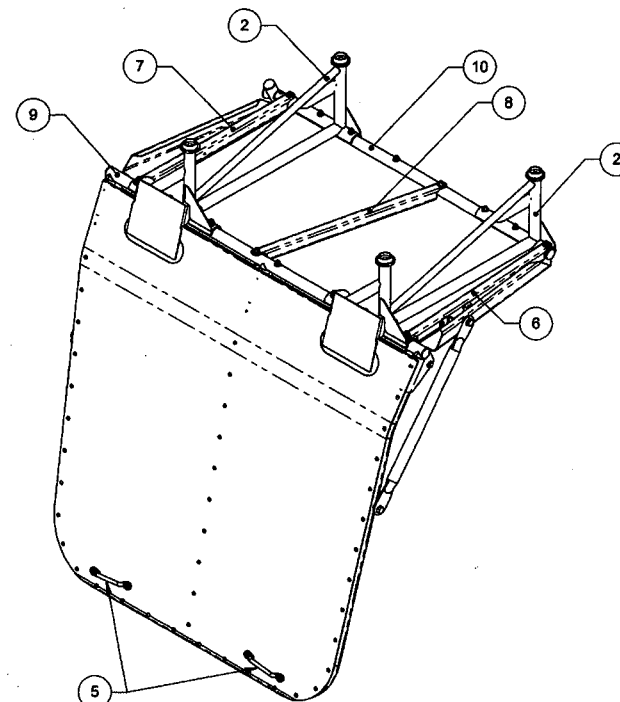
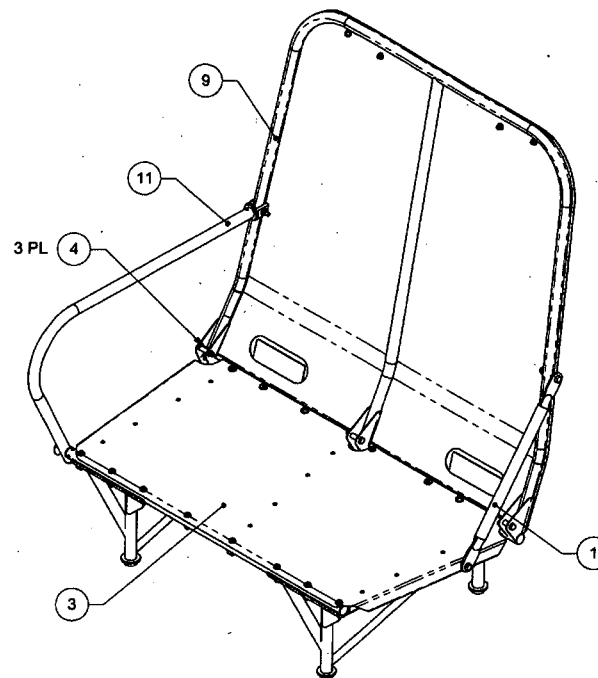
## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                 |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval |                                                 |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       |                                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | Completed By                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | Lead hand / Supervisor<br>Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | QC / QA Coordinator<br>Approval                 |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                 |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                 |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                 |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                                 |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                 |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                                 |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                                 |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                                 |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                                 |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                                 |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |

| ITEM | QTY<br>-041 | P/N           | DESCRIPTION             |
|------|-------------|---------------|-------------------------|
|      | X           | D5162-041     | SEAT STRUCTURE ASSEMBLY |
| 1    | 1           | D2199-31      | STRUT                   |
| 2    | 2           | D3016-041     | SEAT FRAME ASSEMBLY     |
| 3    | 1           | D3022-1       | SEAT PAN                |
| 4    | 3           | D3024-1       | SPACER                  |
| 5    | 2           | D3031-1       | LOOP                    |
| 6    | 1           | D5159-041     | SEAT BACK BRACE ASSY    |
| 7    | 1           | D5159-043     | SEAT BACK BRACE ASSY    |
| 8    | 1           | D5159-045     | SEAT RIB ASSY           |
| 9    | 1           | D5162-051     | SEATBACK ASSEMBLY       |
| 10   | 1           | D5189-041     | TUBE ASSEMBLY           |
| 11   | 1           | D5189-043     | ARMREST ASSEMBLY        |
| 12   | 3           | AN3-12A       | BOLT                    |
| 13   | 1           | AN4-6A        | BOLT                    |
| 14   | 1           | AN4-4A        | BOLT                    |
| 15   | 2           | AN4-14A       | BOLT                    |
| 16   | 1           | AN970-4       | WASHER                  |
| 17   | 4           | MS20600AD4W4  | RIVET, BLIND            |
| 18   | 8           | MS20600AD4W5  | RIVET, BLIND            |
| 19   | 17          | MS21042L3     | NUT, SELF-LOCKING       |
| 20   | 8           | MS21042L4     | NUT, SELF-LOCKING       |
| 21   | 4           | MS24693-S49   | SCREW, CSK 100°         |
| 22   | 1           | MS27039-1-17  | SCREW, PAN-HEAD         |
| 23   | 3           | MS27039-1-18  | SCREW, PAN-HEAD         |
| 24   | 4           | MS27039-1-19  | SCREW, PAN-HEAD         |
| 25   | 2           | MS27039-1-20  | SCREW, PAN-HEAD         |
| 26   | 2           | MS27039-4-21  | SCREW, PAN-HEAD         |
| 27   | 4           | MS27039-4-20  | SCREW, PAN-HEAD         |
| 28   | 17          | NAS1149D0432J | WASHER                  |
| 29   | 30          | NAS1149D0332J | WASHER                  |
| 30   | 2           | NAS43DD4-16FC | SPACER                  |



**D5162-041 SEAT STRUCTURE ASSEMBLY**

**GENERAL NOTES:**

- 1) MATERIAL: N/A
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 19.1 lbs

**RELEASED**

2015 FEB 04

ECN 15-322 4P

APPROVED

|            |             |                                                   |  |              |          |
|------------|-------------|---------------------------------------------------|--|--------------|----------|
| A          |             | NEW ISSUE                                         |  | AJS          | 14.10.03 |
| REV.       | DESCRIPTION |                                                   |  | BY           | DATE     |
| DESIGN     | AJS         | DART AEROSPACE LTD<br>HAWKESBURY, ONTARIO, CANADA |  | REV. A       |          |
| DRAWN      | AJS         |                                                   |  | SHEET 1 OF 6 |          |
| CHECKED    | AP          | DRAWING NO.<br>D5162                              |  | SCALE<br>NTS |          |
| MFG. APPR. | DD          | TITLE<br>SEAT STRUCTURE ASSY                      |  |              |          |
| APPROVED   | HS          |                                                   |  |              |          |
| DE APPR.   | DS          |                                                   |  |              |          |
| DATE       | 14.10.03    |                                                   |  |              |          |

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DQA: \_\_\_\_\_ Date: \_\_\_\_\_

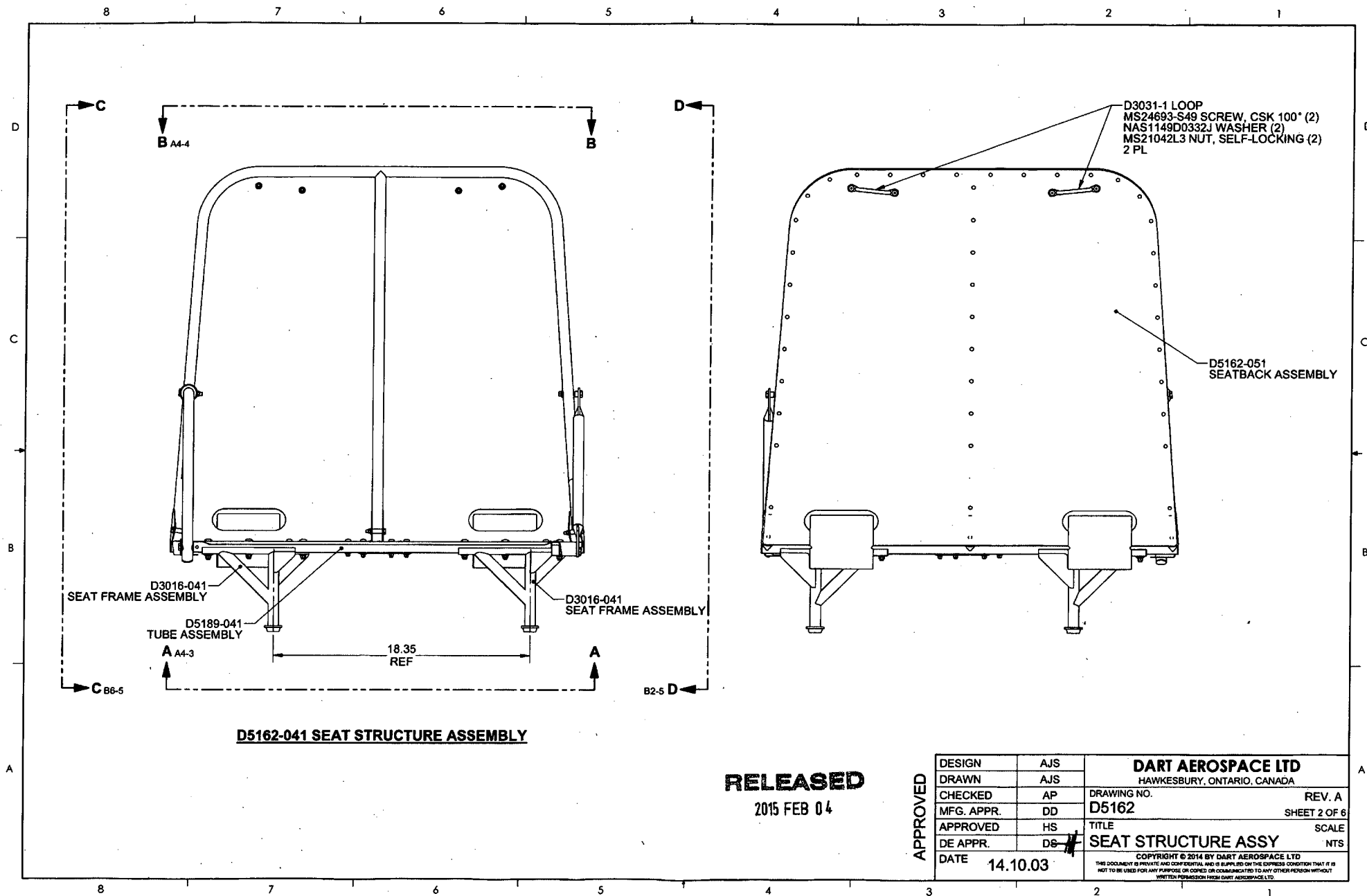


## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                         |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |



**RELEASED**  
2015 FEB 04

APPROVED

|            |          |                                                                                                                                                                                                                                                                                          |              |
|------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | AJS      | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                 |              |
| DRAWN      | AJS      |                                                                                                                                                                                                                                                                                          |              |
| CHECKED    | AP       | DRAWING NO.                                                                                                                                                                                                                                                                              | REV. A       |
| MFG. APPR. | DD       | <b>D5162</b>                                                                                                                                                                                                                                                                             | SHEET 2 OF 6 |
| APPROVED   | HS       | TITLE                                                                                                                                                                                                                                                                                    | SCALE        |
| DE APPR.   | DS       | <b>SEAT STRUCTURE ASSY</b>                                                                                                                                                                                                                                                               | NTS          |
| DATE       | 14.10.03 | <small>COPYRIGHT © 2014 BY DART AEROSPACE LTD<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small> |              |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



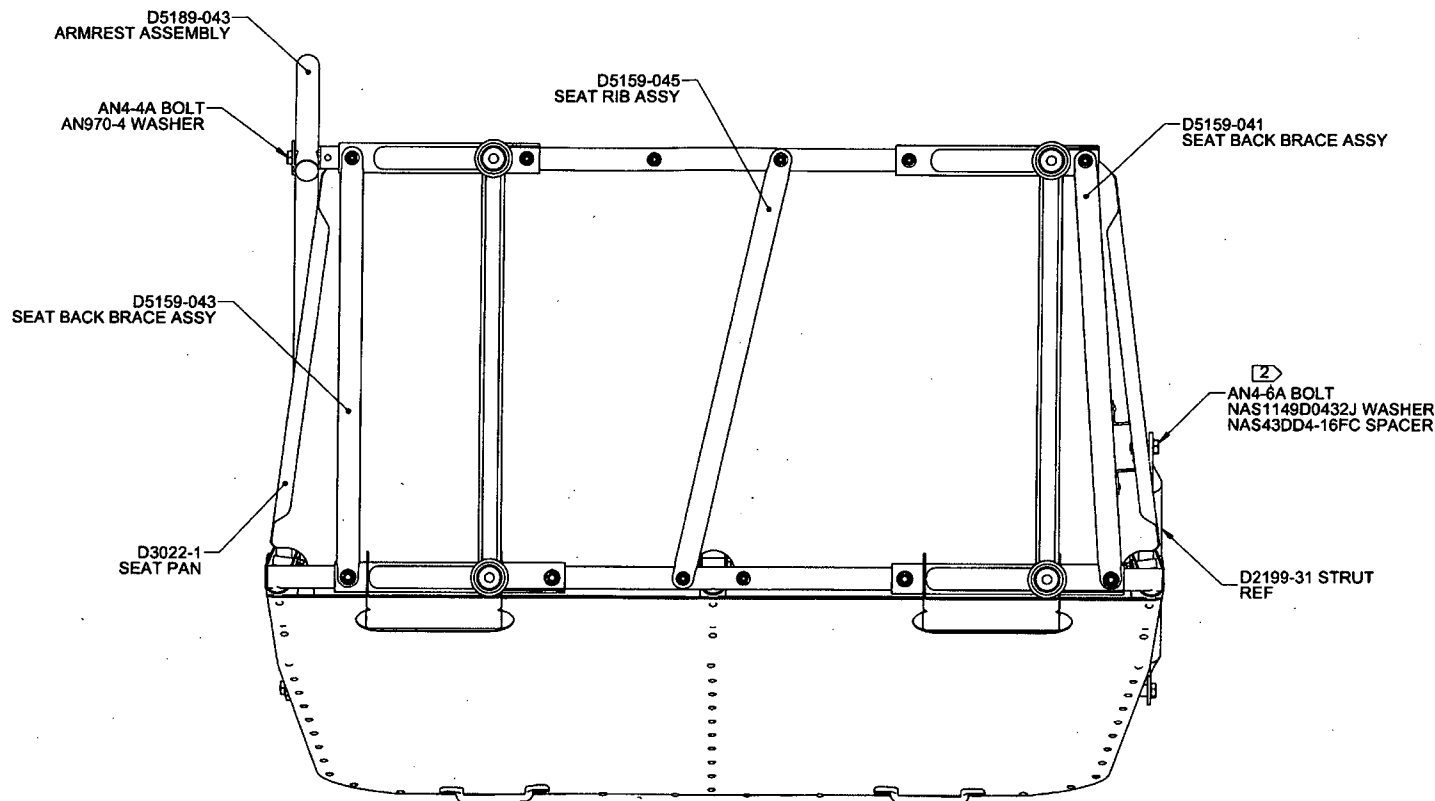
## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                   |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | Completed By                                                                                                      |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | Lead hand / Supervisor<br>Approval Verification                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | QC / QA Coordinator<br>Approval                                                                                   |  |  |

| Root Cause         |                          |                       |                          | FAULT CATEGORY         |                          |                                   |                          |
|--------------------|--------------------------|-----------------------|--------------------------|------------------------|--------------------------|-----------------------------------|--------------------------|
| Environment        | <input type="checkbox"/> | No Re-verification    | <input type="checkbox"/> | Pressure/Forced        | <input type="checkbox"/> | Temperature/Cure                  | <input type="checkbox"/> |
| Design             | <input type="checkbox"/> | Operator              | <input type="checkbox"/> | Bending                | <input type="checkbox"/> | Set-up                            | <input type="checkbox"/> |
| Doc/Data           | <input type="checkbox"/> | Offset/Setup          | <input type="checkbox"/> | Centre Not Concentric  | <input type="checkbox"/> | BOM/Route                         | <input type="checkbox"/> |
| Equip/Tooling      | <input type="checkbox"/> | Supplier              | <input type="checkbox"/> | Cracks                 | <input type="checkbox"/> | Broken/Damage/Defect              | <input type="checkbox"/> |
| Handling/Pre       | <input type="checkbox"/> | Training              | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> |
| Material           | <input type="checkbox"/> | Use for Testing       | <input type="checkbox"/> | Cuffs                  | <input type="checkbox"/> | Contamination                     | <input type="checkbox"/> |
| Internal Transport | <input type="checkbox"/> | Poor Information      | <input type="checkbox"/> | Crushing               | <input type="checkbox"/> | Countersink                       | <input type="checkbox"/> |
| Tribal Knowledge   | <input type="checkbox"/> | Rushing               | <input type="checkbox"/> | Heat Treat             | <input type="checkbox"/> | Cut Too Short                     | <input type="checkbox"/> |
| LOA                | <input type="checkbox"/> | Product Improvement   | <input type="checkbox"/> | Wave/Twist in Tube     | <input type="checkbox"/> | Instructions Incomplete/Unclear   | <input type="checkbox"/> |
| Substation         | <input type="checkbox"/> | Process Improvement   | <input type="checkbox"/> | Marks/Chatter          | <input type="checkbox"/> | Drill Holes                       | <input type="checkbox"/> |
| Past Expiry Date   | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | <b>OTHER :</b> _____   |                          |                                   |                          |
| Misidentified      | <input type="checkbox"/> | Past Due              | <input type="checkbox"/> |                        |                          |                                   |                          |



VIEW A-A B8-2  
(SCALE 1.5X)

RELEASED

2015 FEB 04

SHEET 3 NOTES:

- 1) INSTALL D2199-31 STRUT AT SEAT PAN END FIRST
- 2) TRANSFER MARK FROM D5159-041 SEAT BACK BRACE ASSY TO D3022-1 SEAT PAN AND DRILL  $\varnothing 0.386$  THRU D3022-1 SEAT PAN.

APPROVED

|            |          |
|------------|----------|
| DESIGN     | AJS      |
| DRAWN      | AJS      |
| CHECKED    | AP       |
| MFG. APPR. | DD       |
| APPROVED   | HS       |
| DE APPR.   | DS       |
| DATE       | 14.10.03 |

**DART AEROSPACE LTD**  
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. **D5162** REV. A  
SHEET 3 OF 6  
TITLE **SEAT STRUCTURE ASSY** SCALE NTS

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DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                   |  |  |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------|--|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |  |                                                                                                                   |  |  |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |  |  |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |  |                                                                                                                   |  |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                   |  |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  | Completed By                                                                                                      |  |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  | Lead hand / Supervisor Approval Verification                                                                      |  |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  | QC / QA Coordinator Approval                                                                                      |  |  |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                   |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |  |                                                                                                                   |  |  |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |  |                                                                                                                   |  |  |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |  |                                                                                                                   |  |  |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |  |                                                                                                                   |  |  |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |  |                                                                                                                   |  |  |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |  |                                                                                                                   |  |  |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |  |                                                                                                                   |  |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |  |                                                                                                                   |  |  |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |  |                                                                                                                   |  |  |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |  |                                                                                                                   |  |  |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                   |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |  |                                                                                                                   |  |  |  |



8 7 6 5 4 3 2 1

D

C

B

A

MS27039-1-18 SCREW, PAN-HEAD  
NAS1149D0332J WASHER (2)  
MS21042L3 NUT, SELF-LOCKING

MS27039-4-20 SCREW, PAN-HEAD  
NAS1149D0432J WASHER (2)  
MS21042L4 NUT, SELF-LOCKING

MS27039-4-21 SCREW, PAN-HEAD  
(2) NAS1149D0432J WASHER  
MS21042L4 NUT, SELF-LOCKING

MS27039-4-21 SCREW, PAN-HEAD  
NAS1149D0432J WASHER (2)  
MS21042L4 NUT, SELF-LOCKING

D3022-1 SEAT PAN  
REF

MS27039-4-20 SCREW, PAN-HEAD  
(2) NAS1149D0432J WASHER  
MS21042L4 NUT, SELF-LOCKING

MS27039-1-18 SCREW, PAN-HEAD  
NAS1149D0332J WASHER (2)  
MS21042L3 NUT, SELF-LOCKING

D5159-043  
SEAT BACK BRACE ASSY  
REF

D5159-041  
SEAT BACK BRACE ASSY  
REF

MS20600AD4W5  
RIVET, BLIND, 4 PL  
(INTO D5159-043)

MS20600AD4W5  
RIVET, BLIND, 4 PL  
(INTO D5159-041)

MS27039-1-20 SCREW, PAN-HEAD  
(2) NAS1149D0332J WASHER  
MS21042L3 NUT, SELF-LOCKING

MS27039-1-20 SCREW, PAN-HEAD  
NAS1149D0332J WASHER (2)  
MS21042L3 NUT, SELF-LOCKING

MS27039-1-19 SCREW, PAN-HEAD  
(2) NAS1149D0332J WASHER  
MS21042L3 NUT, SELF-LOCKING

D5159-045  
SEAT RIB ASSY

MS27039-1-19 SCREW, PAN-HEAD  
NAS1149D0332J WASHER (2)  
MS21042L3 NUT, SELF-LOCKING

VIEW B-B D8-2  
(SCALE 1.5X)

MS20600AD4W4  
RIVET, BLIND, 4 PL  
(INTO D5159-045)

MS27039-1-17 SCREW, PAN-HEAD  
(2) NAS1149D0332J WASHER  
MS21042L3 NUT, SELF-LOCKING

RELEASED

2015 FEB 04

APPROVED

SHEET 4 NOTES:

1) TRANSFER MARK FROM D5159-041/-043/-045 TO D3022-1 SEAT PAN  
DRILL Ø0.129 THRU SEAT PAN THEN INSTALL MS20600AD4W4/5 RIVETS.

|                                                                                                                                                                                                                                 |          |                                        |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------|--------------|
| DESIGN                                                                                                                                                                                                                          | AJS      | <b>DART AEROSPACE LTD</b>              |              |
| DRAWN                                                                                                                                                                                                                           | AJS      | HAWKESBURY, ONTARIO, CANADA            |              |
| CHECKED                                                                                                                                                                                                                         | AP       | DRAWING NO.                            | REV. A       |
| MFG. APPR.                                                                                                                                                                                                                      | DD       | D5162                                  | SHEET 4 OF 6 |
| APPROVED                                                                                                                                                                                                                        | HS       | TITLE                                  | SCALE        |
| DE APPR.                                                                                                                                                                                                                        | DS       | SEAT STRUCTURE ASSY                    | NTS          |
| DATE                                                                                                                                                                                                                            | 14.10.03 | COPYRIGHT © 2014 BY DART AEROSPACE LTD |              |
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8 7 6 5 4 3 2 1

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

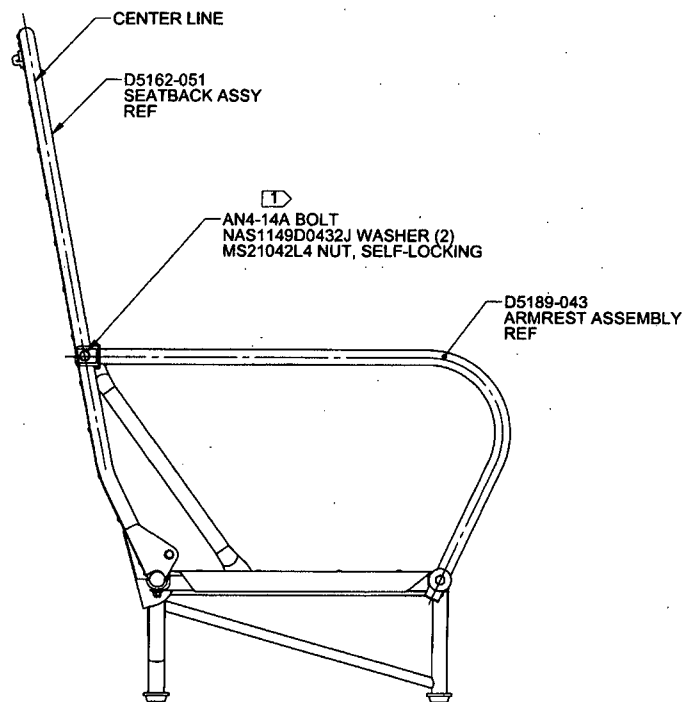


## WORK ORDER NON-CONFORMANCE / UPDATE

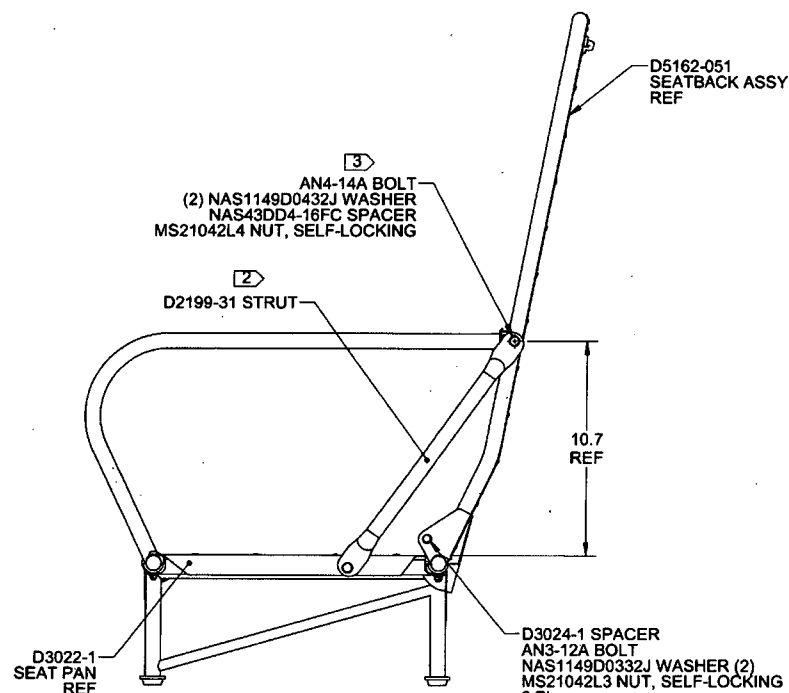
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                            |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | <b>MRB (QSI042) Approval</b><br><br>Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                            |  |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  | OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                                                                                                                                                            |  |  |



VIEW C-C A8-2



VIEW D-D A5-2

**SHEET 2 NOTES:**

- 1) ALIGN THE PILOT HOLE ON THE D5189-043 ARMREST ASSEMBLY TO THE CENTERLINE ON THE D5162-051 BACK FRAME ASSEMBLY AND DRILL  $\varnothing 0.257$  THRU THE D5189-043 AND D5162-051.
- 2) INSTALL D2199-31 STRUT AT SEAT PAN END FIRST
- 3) TRANSFER MARK FROM D2199-31 STRUT TO D5162-051 SEATBACK ASSY AND DRILL  $\varnothing 0.266$  THRU D5162-051 SEATBACK ASSY

**RELEASED**

2015 FEB 04

APPROVED

|            |          |
|------------|----------|
| DESIGN     | AJS      |
| DRAWN      | AJS      |
| CHECKED    | AP       |
| MFG. APPR. | DD       |
| APPROVED   | HS       |
| DE APPR.   | DS       |
| DATE       | 14.10.03 |

**DART AEROSPACE LTD**  
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. **D5162** REV. A  
SHEET 5 OF 6  
TITLE **SEAT STRUCTURE ASSY** SCALE NTS

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DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |  |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |  |

| ITEM | QTY | P/N          | DESCRIPTION         |
|------|-----|--------------|---------------------|
|      | X   | D5162-051    | SEATBACK ASSEMBLY   |
| 1    | 1   | D3017-041    | BACK FRAME ASSEMBLY |
| 2    | 1   | D3023-1      | BACK PANEL          |
| 3    | 46  | MS20600AD4W2 | RIVET, BLIND        |

D3017-041  
BACK FRAME ASSEMBLY

D3023-1  
BACK PANEL

MS20600AD4W2  
RIVET, BLIND  
46 PL

8 D5162-051 SEATBACK ASSEMBLY

# NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: POWDER COAT GREY SANDEX (4.3.5.6) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 7.42 lbs
- 8) TRANSFER MARK FROM D3023-1 TO D3017-041.  
DRILL  $\phi 0.129$  INTO THE D3017-041 (DRILL THRU ONE WALL ONLY).  
THEN INSTALL MS20600AD4W2 RIVETS.

RELEASED  
2015 FEB 04

APPROVED

|            |          |                                                                                                                                                                                                                                                                                                  |              |
|------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | AJS      | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                         |              |
| DRAWN      | AJS      |                                                                                                                                                                                                                                                                                                  |              |
| CHECKED    | AP       | DRAWING NO.                                                                                                                                                                                                                                                                                      | REV. A       |
| MFG. APPR. | DD       | D5162                                                                                                                                                                                                                                                                                            | SHEET 6 OF 6 |
| APPROVED   | HS       | TITLE                                                                                                                                                                                                                                                                                            | SCALE        |
| DE APPR.   | DS       | SEAT STRUCTURE ASSY                                                                                                                                                                                                                                                                              | NTS          |
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DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                            |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | <b>MRB (QSI042) Approval</b><br><br>Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                            |  |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                            |  |  |